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*For information*

## Country note**

**Romania**

*Summary*

The Executive Director presents the country note for Romania for a programme of cooperation for the period 2000 to 2004.

## The situation of children and women

1. Since 1990, Romania's national priority has been the transition to a decentralized democracy and market economy. An intensive focus on macroeconomic issues carries the risk of deterioration in the quality of life for vulnerable groups, especially the poor, whose numbers have been increasing dramatically during the transition. Children's issues have often been marginalized due to conflicting priorities and competition for public funds. As a result, the situation of children and women has improved only in selected indicators. However, political will for reform has strengthened. The current Government of Romania vigorously pursues complex reforms in health, education and the child protection system.

2. The reform of the child protection system mainly addresses children in institutions, whose numbers, at 100,000, have remained roughly the same since 1990. Institutionalization is linked to extreme poverty, aggravated by such social factors as one-parent families, domestic violence, alcoholism and public attitudes prevailing from the former system which see institutions as a better environment for child development than the family. The new, decentralized system of child protection is expected to reduce dramatically current numbers in institutions by focusing on prevention and providing local social work-based services to families at risk.

3. A particularly vulnerable group of children for whom no comprehensive solution has been proposed are the severely disabled children living in residential hospital units. Others, who are outside existing social safety nets, include the estimated 2,000-5,000 street

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 1999.

children who are exposed to sexual abuse, exploitative work and violence, and Rroma (Gypsy) children. A disproportionate number of children in institutions are Rroma.

4. The health of both children and mothers has been shown to be an important factor in the issue of institutionalization. Despite the deteriorating quality of the health services, the health status of children has improved, with a slight decline in the infant mortality rate (IMR) to 23 per 1,000 in 1996. However, in rural areas, IMR is significantly higher than the urban rate. A steady decline in breastfeeding owing to a lack of support at hospital and community levels is a factor directly associated with the increasing rate of anaemia now found in over 50 per cent of children under five years old. Experience has also shown that the promotion of breastfeeding in maternity hospitals reduces the risk of a mother abandoning her child. More than 5,000 children have been infected with HIV/AIDS. Since 1995, the spread of HIV/AIDS has shifted from iatrogenic infection of children to sexual transmission among adults and youth.

5. Women's health has improved since 1990, reflected in a decrease in the maternal mortality rate from 169 per 100,000 live births in 1989 to 41 in 1996. These rates, still high in comparison to the rest of the Central and Eastern European/Commonwealth of Independent States region, are largely related to complications from abortions. Inadequate accessibility of family planning services, particularly for youth, has increased the number of unwanted children at risk of abandonment.

6. Reportedly, parents' lack of confidence in their ability to raise their children, plus deep-seated dependence on state institutions in times of need and diminishing state subsidies, are all factors in the high numbers of institutionalized children. Families in remote rural areas are particularly at risk. The recent introduction of social workers by the new Child Protection Directorates in each *Judet* (province) is helping to identify and assess the situation of families at risk. Pre-school education coverage is increasing (63 per cent in 1998, compared to 50 per cent in 1994).

## Lessons learned from past cooperation

7. A significant success of the previous programme has been ongoing UNICEF advocacy for social sector reform. The current social reform policies of the new Government are based largely on positions advocated by UNICEF over the past years. In addition, several "models of excellence", developed with UNICEF support, are now being applied on a larger scale by Romanian authorities. A further strategy found to be effective is the *Judet*-based approach, in which the specific needs of children and families living in a number of *Judets* are identified and reflected in special programme interventions.

8. UNICEF played a successful catalytic role in bringing partners together, e.g. the Government with non-governmental organizations (NGOs), local councils with city councils, donors with recipient NGOs, overseas agencies with counterparts, etc. It was also instrumental in increasing donor effectiveness by encouraging coordination of donor activities.

9. Romania was a pilot country for the United Nations Development Assistance Framework (UNDAF). The experience proved that working with other United Nations agencies in the UNDAF context meant a greater understanding of each other's mandate and commitments in the country, and resulted in a strengthened framework for cooperation.

## Proposed country programme strategy

10. The proposed strategy for the 2000-2004 Government of Romania/UNICEF programme of cooperation is based on national priorities, especially on current and long-term governmental reforms in health, education and child protection. In health, the main national priority is to increase general access to and the quality of health services by decentralization and building professional capacities. In education, the main reform is in curriculum and assessment to reflect the requirements of the new democratic and economic structures in the country, along with the wider principle of access for all. In the area of child protection, the national reform brings together services needed to protect children and families at risk under the one governmental department, while decentralizing child protection services at the local level.

11. Guided by lessons learned, evaluations and the mid-term review, the strategies of the new programme will be as follows:

(a) Advocacy and communication activities to influence the current reforms. UNICEF will support the mobilization of public opinion and communities to promote a change of attitudes, particularly towards the

importance of the family in the upbringing of the child, and the right of every child not to be excluded;

(b) Capacity-building, of particular relevance in Romania, which for many years has been isolated from intellectual and technical developments at the global level. "Models of excellence" and *Judet*-based approaches, both having proved the most effective use of UNICEF resources for the greatest impact, will be promoted;

(c) Monitoring, evaluation and research as an integral part of the programme, including enhancing national capacities in social statistics, data analysis, surveillance, determining trends and forecasting;

(d) Building partnerships and strategic alliances, one of the recognized strengths of UNICEF in Romania, enabling partners to work together for the maximum impact to benefit children;

(e) Child and youth participation, a strategy used successfully in the previous programme to give voice to children in institutions, to be extended to all other areas.

12. The proposed country programme will be rights-based, reflecting the main mission of UNICEF presence in Romania. This will help to ensure that during the difficult time of transition, all children, including the most vulnerable and marginalized, can grow up in a family environment in which all their developmental needs are met in accordance with their rights.

13. Based on the central objective of the preventing the institutionalization of children, with its main two targets - families at risk and children and youth living outside a family environment - the proposed country programme has three main components: family education; women's and children's health; and children with special needs.

14. The main objective of the **family education** component is to help families provide the best environment to fulfil their children's developmental needs. This will include raising the quality of pre-school education and involving parents and local communities in the process; providing education for parents and young people about issues of child development, healthy lifestyles and ways of accessing appropriate public services; encouraging local informal networks in communities to help families as risk; and supporting the training of social workers and other family care professionals.

15. The objectives of the **women's and children's health** component will be to support efforts to improve the quality of and equitable access to basic health services; support action to decrease micronutrient deficiencies and improve the nutrition practices of women and children; expand and strengthen health education and promotion capacity; and support the national response to HIV/AIDS.

16. The objectives of the **children with special needs** component will be to support the reduction of the number of children in institutions; support the development of realistic and viable alternatives to institutionalization, including the creation of family-like settings and related supportive social services; support efforts to integrate children with disabilities and other special needs into community life; develop school-based social services for children at risk or marginalized; and establish "safe spaces" for children and youth in need.

17. The proposed country programme is within the UNDAF content, building on already-established good cooperation with other United Nations agencies, and enabling collaborative programming, in particular with the United Nations Development Programme in the area of poverty and with the United Nations Population Fund in the area of reproductive health.

## Estimated programme budget

*Estimated programme cooperation, 2000-2004 a/*

*(In thousands of United States dollars)*

| | *General resources* | *Supplementary funds* | *Total* |
|---|---|---|---|
| Family education | 1 200 | 1 800 | 3 000 |
| Women's and children's health | 1 100 | 2 400 | 3 500 |
| Children with special needs | 1 268 | 3 000 | 4 268 |
| Total | 3 568 | 7 200 | 10 768 |

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.